Kentucky Department for Medicaid Services

Drug Review Options

January 2, 2003

The following chart list the drug classes scheduled for review at the January 16, 2003 meeting of the Pharmacy and Therapeutics Advisory Committee and options that were submitted for review.

Drug Class	Options for Consideration
Non-Steroidal Anti-inflammatory Drugs (NSAIDs) and Cox-II Inhibitors	• Require prior authorization for Celebrex, Vioxx, and Bextra for recipients less than 60 years of age with medical necessity approval based on the presence of one or more additional risk factors for gastrointestinal toxicity. • Place an electronic age edit of 60 years on Celebrex, Vioxx and Bextra such that claims for members age 60 or greater will process without prior authorization. Patients over the age of 60 are recognized to be at increased risk for upper GI toxicity from NSAIDs. • Limit Vioxx 50mg to a 5 day supply per month (5 tablets) and limit Vioxx 12.5mg and 25mg to 30 tablets per month.
Antihistamines	• Place Zyrtec liquid, Alavert (OTC Loratadine) and generic loratadine tablets (OTC) on the Preferred Drug List. Require prior authorization for Allegra (all strengths), Allegra-D (All Strengths), Clarinex (all strengths and dosage forms), Zyrtec tablets (all strengths), and Zyrtec-D (all strengths). • Approval of combination products (e.g. Zyrtec-D, Allegra-D) subject to a diagnosis of Seasonal Allergic Rhinitis or Perennial Allergic Rhinitis and failure of at least a 30 day trial within the past 120 days with Claritin (loratadine), Zyrtec (cetirizine), Allegra (fexofenadine) or Clarinex (desloratadine), and a 30 day trial of an intranasal corticosteroid within the same 120 day period. • Continue the current status of the remaining first-line antihistamines and quantity limits.